•								A	there w	PTO	SB06 (08-03)	
Approved for use through 7/31/2006, QMB 0631-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1895, no persons are required to respond to a catacidn and information unless it displays a valid QMB control number. Under the Paperwork Reduction Act of 1895, no persons are required to respond to a catacidn and information unless it displays a valid QMB control number.												
Und	PATE	NT APPLICA	MOITA	fee deter	MINATIO	I R	ECORD		791	295	nut	Ì
<u> </u>			Substitute	of Farm PTO	875				44	OTHER	ZUAN	l
fle Carriers AS FRED - PART I (Column 2)							SMALL E	NTITY	GR	SMALL		
#	FOR MAMBER FILED MAMBER EXTRA					RATE	FEE	.	RATE	FEE		
BASIC FEE (JT CFR 1,16(p))						L		255	OR		·/	
YOTA	R 1.16(q)	44	44 minus 20 . 24				25	216-	OR .	. <u>. 20</u> .		
DIDEPENDENT CLAIMS (37 CFR 1.16(b)) m			minus 3	irtus 3 e · O			.600	0	QR	. 200.		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						L	180		OR	+360	<u> </u>	Į
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	571	0g	TOTAL	<u> </u>	1
CLAIMS AS AMENDED - PART II											·	<u></u>
							SMALL E	636 C	OR.		R THAN ENTITY	
19	-26.0	CLAIMS		HIGHEST NUMBER	PRESENT	[RATE	ADD)-] :	RATE	A001	1
¥ 5		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		·	TIONAL FEE].
ÿ	Total (32 GFR L-1603)	LUL	Minus	44	- 6		.25.	1	OR	20 -	1	
ENDMENT	Independent GF 6F4 LHOD	- 17	Minus	-3	* 6	l	. s/00=		OR:	z 200.		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR) (8(01)						+=180.		OR.	+360.		1:
11.1.								10-	OR	TOTAL ADOL FEE	-0-	
ADOL FEE OR ADOL FEE												
8	1.77.1	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	}	RATE	ADDI- TIONAL		RATE	ADD	
Z		APTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		12	FEE	1 :		FEE	45
ENDMENT	Total at are interes	. 41	Minus	- 44	<u> </u>	1	× 30 ·	 	OR	x 300	1	-
Ē	Independent (37 GFR 1,140/3	. 1	Minus	<u> </u>	L. /_	1	<u>, 100 .</u>	 	OR	ALL A	 	┤- '-
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR 1 18(01)							TOTAL	 	OR:	TOTAL	† <i>- </i>	+
3-9-07 ADDIFEE OR ADDIFEE												-{
L		(Column 1)		(Cotumn 2)	(Cotumn 3)	7		, 	ק		7 7 7 7 7	<u>.</u>
ပ		REMAINING AFTER	1	NAIMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	1	RATE	TIONAL	
ñ	Total	AMENDMENT	Minus	PAID FOR		1	25.	FEE	+ or	.50.	1:	7 :
ENDMENT	independent	141	Minus	1.77 1	-	1			- OR	2A)	: : -	
AME		13			<u> </u>	f	100	1	- CA	.360.		1
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 (8d))						TOTAL	+	-	TOTAL ADDIL FEE		#
and the second section 2 write 10 in ordana 3												7 .
* If the entry in column it is less trush the entry in column is not seen to the state of the entry in column is seen to the seen that is not seen to the												

"If the Yéghest Number Previously Paid For (I THIS SPACE is less than 3, enser 3.

The Yéghest Number Previously Paid For (I test or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the purise which is to like jand by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete information for the USPTO. Time will vary depending upon the information case. Any comments including gathering, preparing, and submitting the completed bits form and/or suggestions form to the USPTO. Time will vary depending upon the information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Civil Information Officer, U.S. Patent and Inademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-500-PTO-9199 and select option 2

2 30 -